

State of New Jersey Department of Labor and Workforce Development Division of Workers' Compensation WC-374 (r. 01/01/17)		ORDER FOR TOTAL DISABILITY		Case No.: 2010-16543 Vichage: JERSEY CITY	
ALLOWANCES	REIMBURSE	TAX ID	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
Medical Fee Allowed: (report and/or testimony) DR. CARY SKOLNICK - MULTIPLE REPORTS (REIMBURSE PA \$1,800) EXAMINED 4/7/14, 10/19/16, 4/11/18	PET. ATTNY 1,800.00		1,800.00	900.00	900.00
DR. MORRIS HORWITZ			400.00	200.00	200.00
DR. ANA MIGUEL KOMOTAR			400.00	200.00	200.00
BAGOLIE FRIEDMAN, LLC LITIGATED MED/TEMP FEE (\$162,588.87 PAID IN MEDS)			24,387.00		24,387.00
Attorney(s) Fee: BAGOLIE FRIEDMAN LLC			13,167.00	5,288.00	7,901.00
Stenographic service: JERSEY SHORE REPORTING			240.00		240.00
Miscellaneous Fees: (list below) DELGADO INTERPRETING SERVICE \$1074.95 (\$874.95 MED/TEMP TRIAL TESTIMONY; \$200 SETTLEMENT			1,074.95	537.47	537.48
REIMBURSE PA TRIAL PREP EXPENSE \$1,288.00			1,288.00	1,288.00	
REIMBURSE PA PETITIONER TRANSPORTATION \$2,503.80 (MAHWAH TAXI/LIMO 13 TRIPS TO DR. GIORDANO)			2,503.80	2,500.00	
REIMBURSE PA TRIAL TRANSCRIPT COST \$182.34			182.34	182.34	

Should Petitioner be awarded Social Security Disability Benefits and/or Government Ordinary Disability Pension, Petitioner shall immediately notify the Respondent of this award. The Petitioner shall reimburse the Respondent for any workers' compensation benefits paid to Petitioner in excess of the statutory offset rate during the period of time Petitioner has received Social Security Disability benefits or Government Ordinary Disability Pension. _____ Petitioner Initial Here

☐ This Court finds the parties adequately considered Medicare interest, be that as it may, should a Medicare issue arise, this Court retains jurisdiction.

J. H. M. G.
WILLIAM J. MCGOVERN
JUDGE OF COMPENSATION

DATE

4-10-19

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:

BAGOLIE FRIEDMAN LLC, Attorney for Petitioner

X
PETITIONER

ANN DEBELLS/ANNINS GROUP, Attorney for Respondent

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF
COMPENSATION WILL BE MAINTAINED ON FILE IN THE DIVISION OF
WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121

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PETITIONER/APPLICANT	SOCIAL SECURITY NUMBER: 756-50-7814	
	NAME: TALAAT M. MOHAMMED	
	ADDRESS: 104 CORBIN AVENUE <i>2328 Kennedy Blvd</i> <i>AR 308 271</i> JERSEY CITY, NJ 07306	
	DATE OF BIRTH: 01/02/1954	MEDICARE ELIGIBLE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ATTORNEY FOR PETITIONER/APPLICANT	EMPLOYER IDN: 223795616
	NAME: BAGOLIE FRIEDMAN LLC
	ADDRESS: 648 NEWARK AVENUE JERSEY CITY, NJ 07306
	TELEPHONE NUMBER (AREA CODE): (201) 656-8500 Ext
APPEARING ATTORNEY: RICKY E. BAGOLIE	

RESPONDENT	VS	
	NAME: KEARNY STEEL CONTAINER COMPANY	
	ADDRESS: 401 SOUTH STREET NEWARK, NJ 07114	
	NAME: ANN DEBELLIS/NJM INS GROUP	
ATTORNEY FOR RESPONDENT	ADDRESS: 301 SULLIVAN WAY CN 00128 WEST TRENTON, NJ 08628	
	TELEPHONE NUMBER (AREA CODE): (609) 883-1300 Ext	
	APPEARING ATTORNEY: <i>Mary Pecoraro</i>	

INSURANCE CARRIER	NAME: <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> TPA NEW JERSEY MANUFACTURERS INS
	ADDRESS: 301 SULLIVAN WAY CN 00128 WEST TRENTON, NJ 08628
	CLAIM NUMBER: W2010-009542
	DATE OF ACCIDENT: 06/17/2010
	DESCRIBE (Briefly): Hit by truck

Weekly Wages: \$ 627.03

Rate(s): \$ 438.92 / \$ 438.92

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD: DATE: 11/26/2012PERMANENT: \$ 131,676.00 TEMP: \$ _____This matter having come before the COURT on this 20 day of March, 2014☐ ORDER FOR JUDGMENT

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent;

It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as set forth below.

☒ ORDER APPROVING SETTLEMENT

The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just;

It is Ordered that this settlement be approved and the petitioner be paid as set forth below.

PERMANENT DISABILITY:

100% total disability, orthopedic, neurological and neuropsychiatric in nature for status post lumbar decompression, facetectomy & laminectomy L3 to sacrum; status post lumbar decompression & fusion with instrumentation & bone graft L3 to sacrum; lumbar herniated discs L3-4, L4-5, L5-S1; status post anterior cervical decompression & fusion with instrumentation and bone graft C4-C7; right mid-shaft femur fracture with ORIF; status post removal of proximal locking screw femoral rod, right trochanteric bursectomy and release of iliobial band; painful femoral hardware with heterotopic bone formation; right knee chondromalacia patella; left torn medial meniscus and fraying lateral meniscus; post traumatic full-thickness medial collateral ligament tear right knee; tear medial patellofemoral ligament; dvt right lower extremity; lateral and medial epicondylitis, osteochondral defects right and left medial talar domes; status post right knee incision and debridement osteochondral lesion right ankle; sprains and strains of the left and right foot; adjustment disorder.

Approximated: 30% of partial total cervical spine; 30% of partial total lumbar spine; 35% of right leg; 25% of the right foot; 5% of the left leg; 5% of the left foot; 10% of partial total neuropsychiatric less credit for prior award.

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
WC-374 (r. 01/01/17)

ORDER FOR TOTAL DISABILITY

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DISABILITY AWARDED:

TEMPORARY: _____ weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____
PERMANENT: 450.000 weeks at \$ 438.92 = \$ 197,514.00 less \$ 158,011.20 paid = Balance due \$ 39,502.80

☐ Bonafide Voluntary Tender ☒ Non Bonafide Voluntary Tender ☒ Reopener Credit ☐ N.J.S.A. 34:15-40 ☐ Other

MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:

All authorized medical bills have been or will be paid
No additional temporary disability payments made

*Re-Opener credit= \$131,676
*Non Bonafide VT= \$26,335.20

☐ ORDER FOR CHILD SUPPORT ☐ MEDICARE ADDENDUM ATTACHED ☐ ADDENDUM ATTACHED

An application for Social Security Disability Benefits and / or Government Ordinary Disability Pension

☐ is pending ☐ is on appeal ☒ has not been filed.

In the event there is a change in the number or status of the auxiliary beneficiaries while Petitioner is receiving Workers' compensation benefits, Petitioner shall immediately notify the Respondent.

I further Order that Respondent furnish the Petitioner such medical attention, prosthesis, and medical supplies as the condition of the Petitioner may require. Should any emergency arise, necessitating immediate medical attention for the Petitioner, notice and request to Respondent shall not be necessary.

☒ Respondent authorizes Dr. Carl Giordano as treating physician.

The date of Petitioner's Permanent Total disability is 02/14/2017

On 06/07/2020 which is the expiration of the 450 week period, benefits to continue in accordance with the provision of N.J.S.A. 34:15-12(b) as amended.

Pursuant to N.J.S.A. 34:15-12(b), petitioner will be referred to the Division of Vocational Rehabilitation Services for evaluation and services prior to the expiration of 450 weeks from the date of Total Permanent Disability.